



Office of Student Affairs  
1885 Packard Road – Ypsilanti, MI 48197-1846  
(734) 221-1221 [www.ycschools.us](http://www.ycschools.us)

Laura Frey-Greathouse - Director of Staffing, Student Affairs, Teacher Retention  
Rob Cannon - Data & Grants Coordinator  
Marquan Jackson - Homeless Student Liaison

Dear Parent or Guardian:

We are pleased to inform you that Ypsilanti Community Schools will be participating in an option available to schools as part of the National School Lunch and School Breakfast Program called the Community Eligibility Provision (CEP) for the School Year 2018-2019. The GREAT NEWS is that ALL students enrolled at our school are eligible to receive a healthy breakfast and lunch at school at NO CHARGE to your household each day of the 2018-2019 school year. We are asking that you fill out and sign the Household Information Survey, which is needed for administrative purposes, not to determine eligibility. This survey allows our school to benefit from various State and Federal supplemental programs like Title I A, At Risk (31a), Title II A, E- Rate, etc. This survey is critical in determining the amount of money the school receives from a variety of supplemental programs. We are asking that you please complete and submit it as soon as possible. All information on the survey submitted is confidential. Without your assistance, the school cannot maximize utilization of available State and Federal funds. If we can be of any further assistance, please contact Victoria Davis, Food Service Director, [vdavis@ycschools.us](mailto:vdavis@ycschools.us), 734-221-1024.

Sincerely,

Laura Frey-Greathouse

USDA Nondiscrimination Statement For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

# Household Information Survey

Ypsilanti Community Schools is participating in the Community Eligibility Option (CEO) provision under the National School Lunch Program. Under CEO, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to your students building.

**If any member** of your household receives Food Assistance Program (FAP), Family Independence Program(FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**INSTRUCTIONS:** Complete survey and return to your child's school or mail to the address listed above.

**These sections must be completed by the head of household or designee.**

**1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children \_\_\_\_\_

**2. STUDENT INFORMATION** – Complete for each student Pre-K through 12th Grade

Last Name	First Name	Birth Date MM-DD-YYYY	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a **Page 2**.

**3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$ _____	None
2. Monthly Welfare Payments, Child Support, Alimony	\$ _____	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$ _____	None
4. Monthly Dividends or Interest on Savings	\$ _____	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	\$ _____	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$ _____	None
<b>Total Monthly Household Income (Add lines 1-6)</b>	<b>\$ _____</b>	

**4. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will be eligible for certain federal and/or state funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX- \_\_\_\_\_  I do not have a Social Security Number

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

By providing your email address, you may be contacted via email by the district.